## L17000163308

(Re	equestor's Name)	
(Ac	ldress)	
	ddress)	<del></del>
(AC	idiess)	
(Ci	ty/State/Zip/Phone #	<del>‡</del> )
PICK-UP	WAIT	MAIL
	rainnea Entitre Nama	<del></del>
(BC	usiness Entity Name	;)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
"	_	<del></del>
Special Instructions to	Filing Officer:	

Office Use Only



000353333430

10/08/25--01019--005 \*\*25.00



SULKEE NOV 1 : 7020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Wilder Machi	ne LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Heather Recker (Contact Person)	
(Firm/Company)	· <del>-</del> · <del>-</del>
62 CIVILE CVEEKWO	24
Ormand Becich, F (City/State and Zip Code)	132174
For further information concerning this matter, pl	ease call:
Heather Recker at ( (Name of Contact Person)	396, 747-0035 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited	d liability comp	any as it a	ppears on tl	ne records of th	e Florida D	eparti	ment
of State is:	ilder 1	Maci	rine,	LLC			_ <b>_</b> .
2. The Florida document/s	registration nun	nber assigr	ned to this l	imited liability	company is	3:	
L1700014	,3308						
3. The date this member/n	nanager withdre	ew/resigne	d or will w	ithdraw/resign i	s: <u>9/1</u>	120	<u>720</u>
4.1, Heather	Recker Person Resigning)		_, hereby w	rithdraw/resign	as a	,	
ASSIST M	1anage ile)	<u> </u>					
of this limited liability corresignation in writing.	ompany and aff	irm the lin	nited liabili	ty company has	s been notif	ied of	`my
Meather	<u> </u>	<del>~~</del>	·		Ž.	20.0	
Signature of Dissociati	ing Member or	Resigning	Manager			OCT -	
Filing Fee: \$25 Certified Copy: \$30						-8 PH .	2 4 4
					-	r.>	